



Paid Family Leave

Physician/Practitioner PFL Overview
State Disability Insurance (SDI)
Employment Development Department (EDD)



Five Things To Know About Paid Family Leave

1

Provides up to six weeks of partially paid leave in a 12-month period.

2

Can be used to bond with a new child or to care for an ill family member.

3

Leave can be taken intermittently over a 12-month period.

4

Patients receive approximately 60 to 70 percent of your weekly salary.

5

There is no waiting period. Payment can begin the first day of leave.



Paid Family Leave and Caregivers

California's Paid Family Leave (PFL) affords eligible workers up to six weeks of time to be there for the moments that matter most.

Paid Family Leave Care provides partially paid leave if:

- ▶ Caring for a seriously ill or injured child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- ▶ Caring for an **out-of-state** or **out-of-country** family member.
- ▶ The care recipient's physician completes the medical certification verifying the need for care.

Recipients receive approximately 60 to 70 percent of their weekly salary while using Paid Family Leave.

Paid Family Leave and Bonding

Paid Family Leave Bonding provides up to six weeks of partially paid leave for mothers and fathers to bond with a new child within the child's first year.

- ▶ Can be used to bond with a biological, foster, or adopted child.
- ▶ Documentation showing proof of relationship can be a copy of the child's birth certificate, birth record, or foster/adoptive placement agreement.
- ▶ Does not require medical certification.

Recipients receive approximately 60 to 70 percent of their salary while on leave.





Disability Insurance, Paid Family Leave, and New/Expecting Mothers

New mothers take Disability Insurance leave followed by Paid Family Leave, for example:

**Disability
Insurance**
4 Weeks

Birth

**Disability
Insurance**
6 - 8 Weeks

**Paid Family
Leave**
6 Weeks*

*Recipients can break up the six weeks of Paid Family Leave. They do not have to take it all at once.

Filing a Paid Family Leave Claim

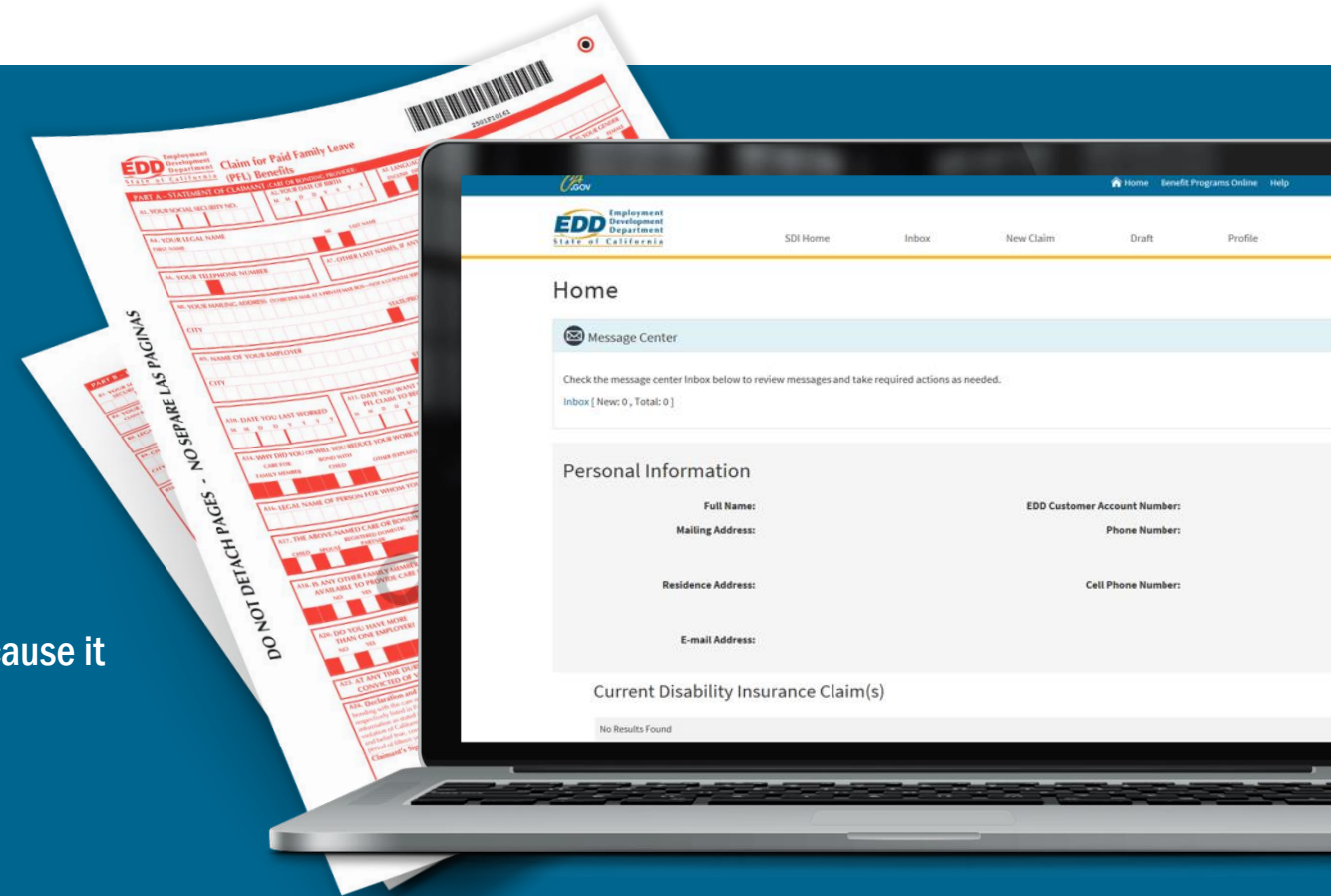
Patients must complete and submit their claim within **41 days** from the date their family leave begins by:



Mail or



Online: Filing through SDI online is strongly recommended because it expedites the review process.



*A Paid Family Leave claim form will be mailed to new moms at the end of their pregnancy-related Disability Insurance claim.

DO NOT DETACH PAGES - NO SEPARAR LAS PAGINAS

EDD Employment Development Department
State of California

Claim for Paid Family Leave (PFL) Benefits

2501F10161

PART A - STATEMENT OF CLAIMANT (CARE OR BONDING PROVIDER)

A1. YOUR SOCIAL SECURITY NO. A2. YOUR DATE OF BIRTH A3. LANGUAGE YOU PREFER TO USE
M M D D Y Y Y Y ENGLISH SPANISH OTHER (PRINT BELOW)

A4. YOUR LEGAL NAME FIRST NAME MI LAST NAME A5. YOUR GENDER MALE FEMALE

A6. YOUR TELEPHONE NUMBER A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A8. YOUR MAILING ADDRESS (TO RECEIVE MAIL AT A PRIVATE MAIL BOX—NOT A US POSTAL SERVICE BOX—YOU MUST SHOW THE NUMBER IN THE "PMBOX" SPACE) PMBOX (IF APPLICABLE)
CITY STATE/PROV. ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)

A9. NAME OF YOUR EMPLOYER MAILING ADDRESS
CITY STATE/PROV. ZIP OR POSTAL CODE EMPLOYER'S TELEPHONE NUMBER

A10. DATE YOU LAST WORKED A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN A12. DATE YOU RETURNED OR WILL RETURN TO WORK A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?
M M D D Y Y Y Y M M D D Y Y Y Y M M D D Y Y Y Y NO YES

A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING? CARE FOR BOND WITH
FAMILY MEMBER CHILD OTHER (EXPLAIN) A15. WHAT IS YOUR OCCUPATION?

A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING (CARE RECIPIENT) FIRST OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)
MIDDLE INITIAL

A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR:
CHILD SPOUSE PARTNER REGISTERED DOMESTIC PARTNER PARENT GRANDPARENT GRANDCHILD OTHER (EXPLAIN)

A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS? NO YES
A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM? NO YES

A20. DO YOU HAVE MORE THAN ONE EMPLOYER? NO YES
A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: SICK VACATION OTHER (EXPLAIN)
A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)? NO YES

A23. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE? NO YES

A24. Declaration and Signature. By my signature on this claim swears, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for or bonding with the care recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the care recipient and to the care recipient's treating physician as they are respectively listed in Part C and Part D of this claim; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the "Information Collection and Access" portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payments of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statements, including any accompanying statements, are to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim swears are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

Claimant's Signature (DO NOT PRINT) If signature is made by mark (X), please place mark here. Date Signed (M M | D D | Y Y Y Y)

*If your signature is made by mark (X), it must be attested by two witnesses with their addresses.
1st Witness Signature and Address 2nd Witness Signature and Address



Filing a Paid Family Leave Care or Bonding Claim



Mail

Individuals filing for PFL care or bonding must properly complete and submit to the EDD the *Claim for Paid Family Leave (PFL) Benefits, DE 2501F.*

Caregivers filing a PFL care claim must have the care recipient's physician complete and sign **Part D – Physician/Practitioner's Certification of the DE 2501F.**

You may order the **DE 2501F** application online at edd.ca.gov/Forms.

PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017



2501FP0517

RETURN TO ----->

EDD—PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017

Our records indicate you are a new mother receiving State Disability Insurance (SDI) Benefits for a pregnancy-related disability. After your baby is born and you have recovered from your disability, you may be eligible for up to six weeks of Paid Family Leave (PFL) benefits if you remain off work to bond with your baby.
NOTE: If you wish to claim PFL benefits to care for a seriously ill family member, please call 1-877-BE THERE (1-877-238-4373).

CLAIM FOR PAID FAMILY LEAVE (PFL) BENEFITS – NEW MOTHER

If you wish to claim PFL benefits, please complete the requested items below and return this form to the PFL office within 41 days from date you want your PFL claim to begin. If you had a multiple birth, provide information for one only.

SOCIAL SECURITY NUMBER	SDI CLAIM EFFECTIVE DATE	FINAL DATE OF SDI BENEFITS
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1. Has your address or telephone number changed since you received this form? (If "Yes," correct below.) ☐ Yes ☐ No

2. Have you completely recovered from your pregnancy-related disability as of the "FINAL DATE OF SDI BENEFITS" shown above? ☐ Yes ☐ No

3. Do you want your PFL claim to begin on the day after the "FINAL DATE OF SDI BENEFITS" shown above? ☐ Yes ☐ No
If "No," enter below the date you want your PFL claim to begin (MM | DD | YYYY):
If you need more information regarding when to begin your PFL claim, call 1-877-BE THERE.

4. You can claim up to six weeks of PFL benefits in a 365-day period. Do you want to claim the full six weeks now? ☐ Yes ☐ No
If you answered "No," enter the date you want to end your PFL bonding claim (MM | DD | YYYY):

5. Will your employer require you to take paid vacation before beginning family leave? ☐ Yes ☐ No

6. Will your employer continue to pay you wages during your family leave? ☐ Yes ☐ No

7. Do you have more than one employer? ☐ Yes ☐ No

8. Your baby's name:
(FIRST | MIDDLE INITIAL | LAST)

9. Your baby's date of birth (MM | DD | YYYY):

10. Your baby's gender: ☐ Female ☐ Male

11. Have you claimed – or do you plan to claim – workers' compensation benefits for any portion of the period covered by this PFL claim? ☐ Yes ☐ No

Declaration and Signature. By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was/will be bonding with my new infant; (2) authorize my employer(s) to disclose to State Disability Insurance all facts concerning my employment that are within their knowledge; and (3) authorize release and use of information as stated in the "Information Collection and Access" portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

YOUR SIGNATURE

DATE SIGNED
M M D D Y Y Y Y

Transitioning from Disability Insurance to Paid Family Leave



Mail

New mothers transitioning from a DI-related pregnancy claim to a bonding claim will automatically receive a *Claim for Paid Family Leave (PFL) Benefits – New Mother, DE 2501FP* after the final DI payment.

Paid Family Leave and SDI Online

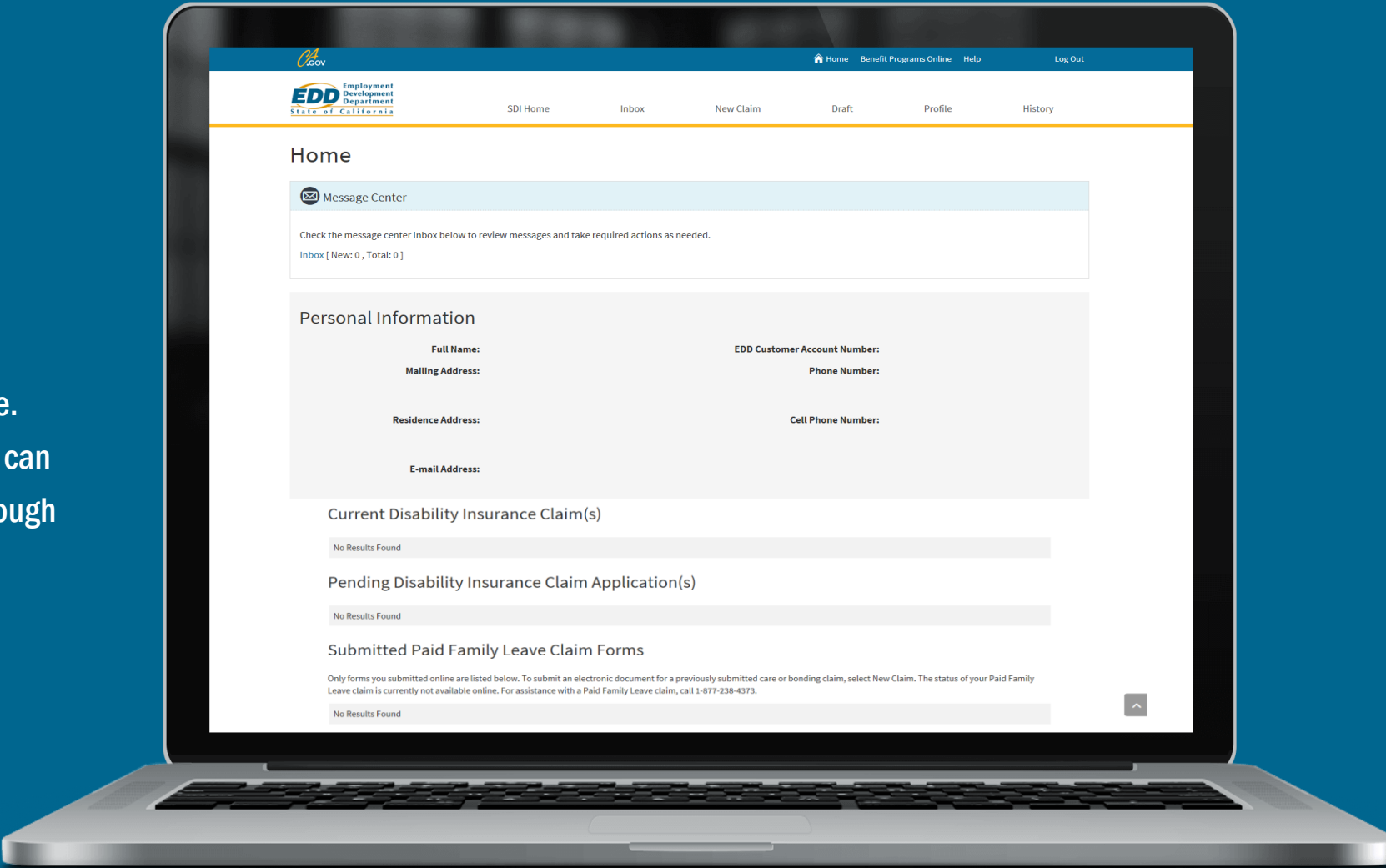


Online

Individuals can file a PFL claim using SDI Online. Physicians or their authorized representative(s) can submit medical certifications electronically through SDI Online.

Create or access your account by visiting:

edd.ca.gov/SDI_Online



Calculating the Benefit Amount



The patient's weekly benefit amount is determined by their highest quarter of earnings in their **"base period"** (wages subject to SDI tax earned 5-18 months prior to the claim start date).

The **"base period"** covers a 12-month period and is broken into four consecutive quarters. For example, if a patient's PFL claim begins in April, May, or June, their weekly benefit amount is calculated from their highest quarter of earnings between January 1 and December 31 of the prior year.

To simplify this process, patients may estimate their weekly benefit amount using the EDD calculator at edd.ca.gov/Disability/PFL_Calculator.htm.



Paid Family Leave Care Claims and Physician/Practitioner Responsibilities

As your patient's physician/practitioner, you determine whether your patient's physical or mental health condition requires care from a family member.

Your medical certification must include:

- ▶ Patient's diagnosis and corresponding ICD code.
- ▶ Your medical license number.
- ▶ Estimated date your patient's care is no longer required.
- ▶ Estimated duration your patient will need care provided by a family member.
- ▶ Your signature.



Serious Health Condition

- To qualify for a PFL caregiving claim, an individual must care for a seriously ill family member. For PFL purposes, a serious health condition is an illness, injury, impairment, or physical or mental condition that requires:
 - At-home care or in-patient care in a hospital, hospice, or residential medical care facility.
 - Continuing treatment by a physician or health care practitioner.



Who Can Certify to the Care Recipient's Serious Illness?

The following **licensed physicians/practitioners** are authorized to either certify online through SDI Online or sign Part D – Physician/Practitioner's Certificate of the *Claim for Paid Family Leave Benefits*, DE 2501F:

- ▶ Licensed medical or osteopathic physician/surgeon
- ▶ Medical Officer of a U.S. government facility or registrar of a county hospital in California
- ▶ Chiropractor
- ▶ Podiatrist
- ▶ Optometrist
- ▶ Dentist
- ▶ Psychologist
- ▶ Accredited religious practitioner
- ▶ Nurse practitioner or physician assistant after examination and collaboration with a physician and/or surgeon

Determining Paid Family Leave Eligibility

Has your patient **paid into California's State Disability Insurance** (usually noted as CASDI on a paystub) in the past 5-18 months prior to taking leave?

- ▶ **“YES”** – They are most likely eligible for benefits.
- ▶ **“NO”** – Not all workers pay into State Disability Insurance, thus they are not eligible for these programs.

Patients should review their paystubs before assuming eligibility.

Eligibility is not based on length of service or the number of employees the patient's company has on staff.

Immigration status does not factor into eligibility.

No paid leave is guaranteed until the claim has been approved by the EDD.

Only one PFL claim can be filed within a 12-month period.



Employment Status and Paid Family Leave



Eligibility is determined by whether a worker has contributed to CASDI in the past 5-18 months.



Unemployed Californians must have collected Unemployment Insurance and/or be actively looking for work to qualify for PFL.

Seasonal employees, part-time workers, and unemployed individuals may still qualify for PFL.



Self-employed individuals may be eligible if they are contributing to the Disability Insurance Elective Coverage program.



Job Protections



Does the SDI program
provide job protection?

No,
the SDI program does not
provide job protection,
just paid benefits.

However, other state and
federal laws may apply while
your patient is using leave.

Job Protections

Laws that may apply while receiving Disability Insurance and Paid Family Leave benefit payments:

- ▶ Family and Medical Leave Act (FMLA)
- ▶ California Family Rights Act (CFRA)
- ▶ New Parent Leave Act (NPLA)
- ▶ Fair Employment and Housing Act (FEHA)
- ▶ Pregnancy Disability Leave (PDL)

Patients considering PFL should speak to their employer for more information on unpaid job-protected leave.

Visit dfeh.ca.gov and dol.gov/whd/fmla to learn more.





For more information, visit:

- ▶ www.edd.ca.gov/PaidFamilyLeave
- ▶ www.CaliforniaPaidFamilyLeave.com

Contact EDD

- ▶ **English:** 1-877-238-4373
- ▶ **Spanish:** 1-877-379-3819

